U. S. Department of State PUBLIC VOUCHER FOR LANGUAGE SERVICES							VOUCHER	VOUCHER NO.		
Title: Payee's Name and Bank Info. NOTE: Submit all Address/Banking Info changes with voucher.						DATE VOU	DATE VOUCHER PREPARED: (mm-dd-yyyy)			
Conference Interpreter		Name	(Last, First, N	ЛI)			,	(min dd yyyy)		
Seminar Inter	preter	SSN _								
Consecutive Interpreter						CONTRACT	CONTRACT NUMBER (BOA):			
ELO/COURT										
Testing & Screening		Account No.					JOB NUMB	JOB NUMBER:		
Translating S	Account Type (Savings) or (Checking)									
Reviewer/Typ		Home				T		1		
PERIOD O (mm-d	F SERVICE d-yyyy)		NATURE OF SERVICES OR ARTICLES OF DAYS UNIT				T PRICE	AMOUNT		
FROM	ТО	(Enter description and other information)		OR WORDS	COST	PER	(Dollars and Cents)			
					+					
					+					
					+					
FOR INTERPRE	TERC ONLY	<u>_</u>			<u> </u>		TOTAL:			
FOR INTERPRET			for which w	ork was performed		T T				
		_		•	I have makesasis		PAYMENT: (Cneck One)		
I certify that the above charges are correct to the best of my knowledge; that I have not received payment or credit for them; that the services were rendered as stated, solely by the undersigned, and in accordance										
with the highest professional standards.										
		Des	la Ciamat			_	*Payment of	*Payment due within 30 days*		
		Pa	yee's Signati							
				Payee must NOT use t	ne space bei)W				
Date Goods/Se	rvices Rece	eived/Ac	cepted (mm-	dd-yyyy)			Of	fice of Language Services		
							SA	Office of Language Services SA-1, 14th Floor		
I certify this account is correct and proper for payment. SA-1, 14th Floor 2401 E Street, NW Washington, DC 20522										
0			0.00							
Signature of Authorizing/Receiving Official Printed Name of Receiving Official Phone Number										
ACCOUNTING CLASSIFICATION										
PAID BY:	CHECK I	NΟ			DATED 4	nm-dd-yyyy)				
	ON (Nami				— DATED (N	ıırı-uu-yyyy)				

PRIVACY ACT STATEMENT

This information requested on this form is required under the provisions of 31 U.S.C. 82b AND 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amount to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

	PUB		U. S. Department of State IER FOR LANGUAGE SI	ERVICES		VOUCHER	NO.		
Title	Title: Payee's Name and Bank Info. NOTE: Submit all Address/Banking Info changes with voucher.						DATE VOUCHER PREPARED: (mm-dd-yyyy)		
Conference In		Name (Last, Firs	st, MI)			(,,	(mm-uu-yyyy)		
Seminar Inter	rpreter	SSN							
Consecutive	Interpreter	Bank Name				CONTRAC	CONTRACT NUMBER (BOA):		
ELO/COURT			3A)						
Testing & Screening		Account No. —	(Savings) or (Chec			JOB NUME	JOB NUMBER:		
Translating S		Account Type	<u></u>	cking)					
Reviewer/Typ)	NIIMDED	1181	IT DDICE			
(mm-d	F SERVICE d-yyyy)			NUMBER UN OF DAYS		IT PRICE	AMOUNT		
FROM	ТО	(Enter d	description and other information)	OR WORDS COST		PER	(Dollars and Cents)		
				1					
FOR INTERPRET	TERS ONLY					TOTAL:			
			h work was performed			PAYMENT: /	AYMENT: (Check One)		
I certify that the	e above ch	arges are correct	to the hest of my knowledge: that	I have not receiv	red navment		oneek one,		
or credit for the	I certify that the above charges are correct to the best of my knowledge; that I have not received payment or credit for them; that the services were rendered as stated, solely by the undersigned, and in accordance								
with the highest professional standards.									
					_	*Payment	*Payment due within 30 days*		
		Payee's Sig				,			
			Payee must NOT use t	he space belo)W				
Date Goods/Se	rvices Rece	eived/Accepted (r	mm-dd-yyyy)			•	fine of Low Contract		
							fice of Language Services A-1, 14th Floor		
I certify this account is correct and proper for payment. 2401 E Street, NW Washington, DC 205:									
							-		
Signature of Authorizing/Receiving Official Printed Name of Receiving Official				fficial	Phone No	umber			
			ACCOUNTING CLAS	SSIFICATION					
PAID BY:	CHECK	NO.		DATED					
	ON (Name			– DATED <i>(n</i>	ıın-aa-yyyy)				

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Title: Payee's Name and Bank Info. NOTE: Submit all Address/Banking Info changes with voucher.						DATE VOU	DATE VOUCHER PREPARED: (mm-dd-yyyy)	
	Conference Interpreter Name (Last, First, MI)					(IIIII-dd-yyyy)		
 Seminar Interpr						_		
Consecutive Int	terpreter					CONTRACT	CONTRACT NUMBER (BOA):	
ELO/COURT			4)					
Testing & Scree	ening	Account No. —		LOD NILIMAD	IOD NIIMDED.			
Translating Ser	vices	(Savings) or (Checking)					JOB NUMBER:	
Reviewer/Typis		Account Type Home Phone No.	·					
PERIOD OF S	SERVICE			T PRICE				
			E OF SERVICES OR ARTICLES escription and other information)	NUMBER OF DAYS			AMOUNT (Dollars and Cents)	
FROM	TO	(Emer de	езсприон ана отнег иногнатоп)	OR WORDS	COST	PER	(Dollars and Cents)	
-								
						TOTAL:		
FOR INTERPRETE			work was performed		ł			
Please specify Ag	lericy or F	rogram for which	work was performed			PAYMENT: (0	Check One)	
I certify that the above charges are correct to the best of my knowledge; that I have not received payment or credit for them; that the services were rendered as stated, solely by the undersigned, and in accordance with the highest professional standards.								
						*Payment o	*Payment due within 30 days*	
		Payee's Sigr	nature			, ajinont c	*Payment due within 30 days*	
			Payee must NOT use t	he space belo)W			
Data Conda/Sami	lass Dari	in and / A constant for	am dd man)					
Date Goods/Servi		-					fice of Language Services -1, 14th Floor	
I certify this acco	ount is co	orrect and proper f	or payment.			240	01 E Street, NW Ishington, DC 20522	
Signature of Auth	orizing/R	eceiving Official	Printed Name of Receiving Of	fficial	Phone Nu	ımber		
ACCOUNTING CLASSIFICATION								
PAID BY: C	יווברע י	NO.		DATED				
		NO. ——— of Bank)		– DAIED <i>(m</i>	nm-dd-yyyy)			

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